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AUTHOR Petry, John R.
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ABSTRACT

During the fourth quarter of fiscal year 1995, personnel from the University of Memphis continued to be on-site evaluating the Synergy Foundation's project funded by the U.S. Department of Justice. Through observation of the program, interviewing participants (N=173) and personnel, administering qualitative instruments, and analyzing records, it was concluded that the Synergy project is accomplishing its objectives to a high degree. The main thrust of the project continues to be the rehabilitation of persons addicted to an array of drugs through programs involving education, counseling, therapy, and work. This is where the greatest level of satisfaction occurs among the residents. Changes in personnel and the continuance of key persons in leadership positions have led to a continual fine-tuning of the operational procedures, a repetition of successful program emphases, a high expectation for success, and a belief in the improvability of the participant. The ability to modify the program to reach achievable and realistic goals has generated high morale among the staff, and has been noted by the participants. Appendices present the instruments used in qualitative measurements. (TS)

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EVALUATION OF THE SYNERGY FOUNDATION'S ALTERNATIVE INCARCERATED OFFENDER TREATMENT PROGRAM

John R. Petry, The University of Memphis

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EVALUATION OF THE SYNERGY FOUNDATION'S ALTERNATIVE INCARCERATED OFFENDER TREATMENT PROGRAM

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Introduction

During the fourth quarter of fiscal year 1995, July-September, personnel from The University of Memphis continued to be on-site evaluating the Synergy Foundation's project funded by the Department of Justice. Access to Synergy records enabled the University employee to continue to redefine a program for recording and analyzing data about participants, both demographic and participatory. Programming assistance continued to be offered by personnel from The University of Memphis Academic Computing Office. The University of Memphis ordered equipment to upgrade the computer component of the electronic communication system at the Synergy location. Data were analyzed and reported through use of the VAX, and e-mail was used to convey messages throughout the system. Data were sent to the national evaluation office on a diskette, accompanied by a computer printout.

The attitude of Synergy personnel has continued to be positive toward the evaluation effort. They have participated by stating their reactions to questions posed about what they liked best about their work, what they could do to improve their job effectiveness, and by commenting about things they would like to see changed or improved at Synergy; plus, they added comments about other concerns. Also, they participated in gathering data from residents in their groups, and they have voluntarily responded to informally posed questions.

Demographic Data for Participants (N=173)

Tables relating to the 173 participants who entered the program through 9-30-95 and for the 53 who were persisting in the program through 9-30-95 were

created to provide a profile on a wide range of demographic variables. These included numbers and percentages relating to gender; race; age; minor dependents; years of military service; legal status at the time of intake (how attached to the program); education level, including General Equivalency Diploma (GED) status; tendency toward suicide; cocaine use, alcohol use, cannabis use, opioids use, and other drugs' use, such as sedatives, hallucinogens, inhalants, psychostimulants, phencyclidine, antidepressants, tranquilizers, and barbiturates; and length of residence in the program. The analysis of the records of the participants (N =173) revealed the following:

(1) that 147 (85.0 %) were men, and 26 (15.0 %) were women

(2) that 115 (66.5 %) were African-American, and 58 (33.5 %) were white

(3) that the average age was 34.3 years, and the range was from 20.9 to 5.5.9 years of age

(4) that 88 (50.9 %) were single, and 83 (47.9 %) were either married (n = 5), divorced (n = 54, or 31.2 %), separated (n = 21, or 12.1 %), unknown (n = 2) , or widowed (n =1)

(5) that 96 (55.5 %) had one or more dependents (ranging from one to eight each), and 77 (44.5 %) had no dependents

(6) that 131 (75.7 %) had no military service, and 33 (19.1 %) had from one to 11 years of service; 9 cases (5.2 %) were missing

(7) that 81 (46.8 %) were not assigned a legal status, that 35 (20.2 %) were on probation, 34 (19.7 %) were on parole, and the rest (n = 23, or 13.3 %) were under miscellaneous charges such as charges pending and owes a fine

(8) that 48 (27.7 %) had completed the twelfth grade, 26 (37.6 %) had completed the eleventh grade, and 31 (17.9 %) had achieved the GED

(9) that 74 (42.8 %) had not attempted suicide, 44 (25.4 %) had seriously contemplated it, and 44 (25.4 %) had attempted suicide before entering the program

(10) that 161 (93.1 %) admitted using cocaine, 158 (91.3 %) used alcohol, 143 (82.7 %) used cannabis, 67 (38.7 %) used opioids (derivatives of opium), and 79 (45.7 %) used other drugs

(11) that the average number of days spent in the program was 140.9 for a total of 24,376 days, and the range was from 1-731 days; the number spending 140.9 days or less totaled 76 (43.9 %)

(12) that 53 (30.6%5) were in the program at the conclusion of the quarter, one other having graduated, the remainder either walking (n =94 , or 54.3%), were ejected (n =24, or 13.9 %), or were put under custody (n =1).

The typical program participant (N = 173) was a male African-American between the ages of 34 and 35, who was single; had one or more dependents; had no military service; had a relationship with a legal entity upon entering the program; had achieved either a high school diploma or a General Equivalency Diploma; had either attempted suicide or seriously considered it; had admitted using cocaine, alcohol, and cannabis before program involvement; and had been in the program an average of 140.9 days. By the end of the fourth quarter FY 1995, 120 (69.4 %) of the participants did not continue in the program, leaving 53 (30.6 %) as persisters.

Demographic Data for Program Persisters (N=53)

The analysis of the records of the program persisters (N = 53) revealed the following:

(1) that 44 (83.0 %) participants were men, and 9 (17.0 %) were women

(2) that 36 (67.9 %) were African-American, and 17 (32.1 %) were white

(3) that the average age was 34.6 years, and the range was from 23 to 54.3 years

(4) that 28 (52.8 %) were single, and that 25 (47.2 %) were either married (n = 4), divorced (n = 14, 26.4%) or separated (n = 7, 13.2 %)

(5) that 29 (54.7%) had one or more dependents and 24 (45.3%) had no dependents

(6) that 40 (75.5 %) had no military service, and 13 (24.5 %) had one or more years of service

(7) that 26 (49.1 %) were not assigned a legal status, 12 (22.6 %) were on probation and 8 (15.1 %) were on parole when they entered the program, and the rest (n = 7, or 13.3 %) were under miscellaneous categories, such as house arrest, charges pending, owes fines

(8) that 17 (32.1%) completed the twelfth-grade, 12 (22.6 %) finished the eleventh grade, and 8 (15.1 %) had achieved a General Equivalency Diploma

(9) that before entering the program 22 (41.5%) had not considered suicide, while 15 (28.3 %) had seriously considered it, and 14 (26.4 %) had attempted suicide

(10) that 51 (96.2 %) admitted having used cocaine, 47 (88.7 %) used alcohol, 45 (84.9 %) used cannabis, 20 (37.7 %) used opioids (derivatives of opium), and 32 (60.4 %) used other drugs

(11) that the average number of days in the program per participant was 229.8, for a total of 12,179 days

The typical person continuing in the program (N=53) was a male African-American between 34 and 35 years of age who was single; had at least one dependent; had no military service; had some relationship with a legal entity; had attained either a high school diploma through attending through the twelfth grade or through the General Equivalency Diploma program; had either suicidal ideations or attempts; had admitted using cocaine, alcohol, cannabis, and other drugs; and had completed 229.8 days in the program.

Organization for Rehabilitation

February 1, 1995 was the beginning of a year-long program that included various types of group activities formed to meet the needs of the program participants, and other types of meetings, involving individuals in therapeutic sessions. Included as groups were Anger Management, Big Book/In-depth Modified 12-Step Study, Cognitive Restructuring, Men's, Moral Reconation Therapy, Open Discussion, Orientation, Psychodrama, Relapse Prevention, Self-Esteem, Sexual Abuse, Video, and Women's. Activities regarding individuals involved psychotherapy to residents as well as considered supervision to the primary counselors and staff, especially in terms of clinical issues.

Group Meetings

Group meetings continued throughout September, 1995. Minutes of meetings were kept for the following groups: Anger Management, Cognitive Restructuring, Men's, Orientation, Relapse Awareness, Sexual Abuse, Self-Esteem, and Women's. Attendance was noted on individual charts. Personnel scheduled sessions starting in late afternoon hours in order not to interfere with work responsibilities. The groups and their characteristics are listed below.

Anger Management Group- Three anger management groups were formed. The groups, which completed a course in six weeks, provided education about anger, stress, and conflict as well as strategies for their effective management and resolution. Topics could have included, but were not limited to, issues such as defining violence/nonviolence and stress, identifying anger and stressors, understanding

communication and developing more effective modes of communication, being in charge of one's own anger and expressing it constructively, and appreciating cultural and racial diversity. The group format was didactic and promoted discussion. The groups met on a weekly basis.

Minutes indicated that the format ran from discussion to active role playing. Participants were taught concepts and coping strategies to deal with anger and stress-related issues. Topics included the language of anger, anger diffusion, conflict management, and other techniques for identifying and coping with anger. Emphasis seemed to be on the identification of early anger symptoms and strategies using language and relaxation skills to diffuse anger at manageable stages. Included were a demonstration of various anger workout techniques, active listening, ineffective approaches used to resolve conflicts, peaceful conflict resolution strategies, a clarification of values exercise, causes of anger, saying goodbye to old resentments, acting out of anger situations, past resentments, the hot seat--sharing feelings that were never expressed and developing the feelings of those who have hurt and angered them, and the destructiveness of anger.

Cognitive Restructuring Group- This group was designed to help restructure the cognitions, or thoughts, of residents, thus enabling them to prevent relapse. Predicated on the idea that addictive thinking is based on incorrect or faulty appraisals of the self or situation, the group process helped residents clear long-established distortions and misinterpretations about how they viewed themselves, the world, and the future, and love. The format was both didactic and process group themes. The group met on a regular basis.

Minutes from the meetings seemed to indicate that the group discussions were well focused on the processes of changing thinking through positive self-talk and risk-taking strategies. Topics included the Personal Risk Profile Inventory, personal happiness, the "inside me," allowing others to control your actions, allowing self to be personally responsible for other's actions and feelings, things feared, giving and getting, being who "we are and not being able to help it," situational fears, situational risks, self-improvement, commitment, self-disclosure, and cognitive distortions.

Men's Group- This group was designed to address men's issues both in general

and as they related to recovery. Approximately 91% of the residents at The Synergy Foundation, Inc., were males. Topics included, but were not limited to, issues such as the male's role in the American family, community and society; sex, sexuality and male sexism; unfaithfulness and jealousy; being single and married; parent-child relations; marital conflict; family of origin; violence; race and culture; spirituality and religion; and crime, law and order, and social control. The group format was both didactic and process group themes. The group met on a regular basis.

Minutes of the meetings indicated that group discussions were about issues related to social recovery and family recovery, the acceptance of fatherhood, sex issues and their positive/negative impacts on life, social control and personal responsibility, spirituality in one's life, the fear of emotional intimacy, using one's children to influence their mother, responsibility for one's recovery, the need to be open about feelings, family relationships, and a perception exercise. Participation by residents seemed to be active and uncoerced; participants made presentations about the meetings' themes.

Orientation Group- This meeting was designed to fully acclimate new residents into the strict therapeutic regimen at The Synergy Foundation, Inc., While the primary thrust or focus was to impart to a newcomer her/his rights and responsibilities as well as the rules and policies governing the operation of the facility, its secondary focus was to promote resident retention. Thus, during this early stage of treatment, when the resident was disoriented, depressed, and extremely vulnerable, the counselor (facilitator) and experienced residents provided an empathetic and non-judgmental attitude, positive reinforcement with compassion and guidance essential in fostering the development of trust, rapport, and a close counselor-resident therapeutic bond. Participants attended the meetings for from 90-100 days.

Minutes of the meetings indicated that the focus of discussion consistently revolved around the definition of Synergy (everyone working together for the good of the whole), program rules and their relationships to successful recovery in the Synergy model, stages of the program, graduation requirements, and job opportunities. Residents having had more time at Synergy were expected to assist the newer arrivals in the Orientation group with the understanding of information, rules, and regulations. Concern was expressed by some in the meetings about writing slips about the

behavior of others. In most meetings all participated.

Relapse Prevention Group- Three relapse prevention groups met during the past three-month period. The groups were designed to provide education to the residents in understanding the subtle cues and multiple factors that drive their substance abuse. Topics could include, but were not be limited to, issues such as the physical, psychciogical, and social factors that lower resistance to craving, trigger events, lifelong vulnerability to relapse, the disease model, relapse myths and realities, and characteristics and patterns of codependency. The group format was both didactic as well as psychotherapeutic, processing group issues via cohesion, mutual identification, confrontal catharsis, and group pressure.

Minutes of the meetings indicated that the groups met on a regular basis and stayed close to issues related to the prevention of relapse. Discussion included defense mechanisms, ten traits of codependency, denial, negative thinking, the real self, the hierarchy of human needs, behaviors that stimulate cravings for alcohol and drugs, parental conditions that stifle the child within, and getting needs met. The notes indicated active, verbal participation by residents in the group process with therapeutic and educational benefits and effects. Meetings were structured, yet open to variance in topic and method of participation. Sometimes, individual needs were discussed instead of announced topics.

Self-Esteem Group- This group was designed to enhance the self-esteem of participants predicated on the idea that addictive behavior, in part, developed because of low self-esteem, or certainly caused these feelings. The group's goal was to help restore the pride lost in oneself during the addictive period. This group, primarily spiritually based, fosters growth and development in the resident as he/she makes the transition from abstinence to recovery. The format was both didactic and process group themes.

Minutes of the meetings indicated that the group met regularly but appeared to have run broadly across a spectrum of topics about self-esteem. Topics included enhancing self-esteem, writing exercises, fear and love, presentations about personal projects, the source of the formation of self-esteem, the nuances of self-esteem, messages received to aid in forming self-esteem, success, feelings, and happiness.

Sexual Abuse Group- This group was designed to provide education as well as psychotherapeutic intervention and treatment to survivors of sexual trauma. By treatment of symptoms and aiding in the resolution of underlying conflicts, the resident should be enabled to maintain long-term sobriety. Topics included, but were not limited to, issues such as types of sexual abuse; myths about incest and childhood sexual abuse; damage to self-esteem and self-image; relationships; sexual, emotional, and physical problems; and facing the truth. The group's content emphasized similarities among members while providing both a "here and now" plus historical focus. The format was both didactic and process group themes. The group met on a regular basis in the fourth quarter.

Minutes indicated that the format was discussion and the focus was on theories of childhood (a CNN film), sexual problems and long-term symptoms, emotional problems and long-term symptoms, the hope and recovery from sexual abuse, and dispelling certain myths held regarding sexual abuse, primarily childhood sexual abuse. Participants appeared to have been active in the discussion and offered personal experiences as group contributions. Discussion seemed to be frank and open with guidance provided by the facilitator. All participants presented past themes and new materials covered over time, including myths about incest and myths about the victims.

Women's Group- This group was designed to address women's issues both in general and as they related to recovery. Approximately 9% of the residents at The Synergy Foundation, Inc., were females. The group format was both didactic and process group themes. The group met every week.

Minutes of the meetings indicated that the group listened to inspirational materials, assumed responsibility for the agenda, and had for the emphases in the meetings the following: abandonment, self-esteem, relationships with other women in the program, anger, achievement of steps in AA, resentments toward parents, and empowerment.

Groups that held meetings for which minutes were not kept were the following:

Big Book/ In-depth Modified 12-Step Study Groups- These groups were designed to address recovery issues and are based on The Twelve Steps and Traditions of Recovery. They were self-help and led by members with long-term sobriety or abstinence. The Synergy Foundation, Inc., has regarded these groups, utilizing the Alcoholics Anonymous principles, as the foundation for the recovery process. In these groups, the recovering addict's denial and projection of responsibility for her/his addiction onto other people, circumstances, or conditions outside oneself are strongly challenged, thereby fostering more adaptive attitudes, thoughts, and behaviors. The groups, attended both inside and outside of Synergy, were provided five meetings weekly.

Open Discussion Group- This group provided education to residents regarding topics of interest (i.e., AIDS prevention, birth control, and motivational issues). The group format was didactic. It was provided three meetings monthly. As a result of the evaluation, more guests will be brought in to speak to this group.

Moral Reconation Therapy Group- Moral Reconation Therapy (MRT) was designed "to enhance self image, promote growth of a positive, productive identity and facilitate the development of higher levels of moral reasoning," thereby creating in residents "positive habits and value oriented behavior based upon high levels of moral judgment." Group members completed a series of MRT exercises, developed by Little and Robinson, from the workbook entitled *How To Escape Your Prison* ,and were rated on completion of successive steps. Each of the two MRT groups was provided one meeting weekly.

Evaluation was conducted within the group by peer analysis and peer review of honesty, respectability, trustworthiness, and growth. Computer records were provided to maintain a record of their level of attainment. Records revealed that of the 50 who participated in MRT through September 30, 1995, the largest group (n=14) was at level 4 and the smallest (n=1) was at level 11; 31, or 62% were no higher than level 4, 15 being at levels 1 and 2. The moral development stage of each participant is being identified consistently (quarterly) for reporting purposes, but changes take place as often as the participant achieves a higher level of development. It would have been beneficial to have determined the initial stage of each participant and to have

measured the amount of change that had taken place by taking another measure within a given time period; that is, growth in moral development could have been established if measurements had been taken across time.

Psychodrama Group- This group was designed to enable residents to gain insight into underlying behaviors. Psychodrama utilized a group approach in the dramatic, theatrical presentation by residents-turned-actors/actresses in an effort to uncover their true feelings about certain situations and conflicts in their respective lives. The group format primarily consisted of role playing. It was provided one meeting monthly and was led by an outside person versed in drama and its interpretation. A few residents commented about the positive effect of this group in their analysis of the program.

Video Group- This group was resident-led and, utilizing an audio-visual format, provided education to the resident community about issues specifically related to drug and alcohol dependence. Topics included, but were not limited to, issues such as sobriety, self-esteem, human neurobiology of cocaine, and co-dependency. The Department of Health presented programs related to AIDs awareness, pregnancy prevention, and socially transmitted diseases.

Individual Meetings

Some meetings were individual in nature, such as the individual therapy sessions involving a participant and a counselor. Even the family, when it meets with a counselor, will be considered a unit. Their activities are described below.

Individual Psychotherapy- Individual psychotherapy was expressive, concrete and directive, and interpersonal during the early treatment stages in an effort to achieve and maintain abstinence. During the latter stages of treatment, psychotherapeutics focused on the treatment of symptoms (in some cases, psychiatric disorders) and the resolution of conflicts that served as powerful reinforcers to relapse.

Family Psychotherapy-Family psychotherapy, which was planned to begin August 1, did not do so because residents have not become eligible for this service. When it does begin, it will It enlist the family's involvement in the treatment of the resident as

the latter faces the difficult transition back into the community. Family therapy, implemented in the later stages of a resident's treatment, can be both educational as well as psychotherapeutic. Family members will be educated regarding the disease model of addiction, codependency, and other dysfunctional family patterns, recovery, and warning signs of relapse. Psychotherapeutic interventions will be utilized, both in the family of origin as well as the present-day family, in an effort to eliminate structural problems, faulty communication patterns, and other weaknesses. These interventions have proven to be effective in both assisting the loved one's recovery as well as that of the resident, while aiding the family in avoiding "enabling" and "sabotaging" behaviors so pervasive in the treatment of drug and alcoholic families.

Other Activities

Several types of activities took place during this period: work crews, practicum/internships site selection, and vocational rehabilitation training and counseling.

Work crews- Participants continued to be involved in work-related activities. Inside responsibilities (moving, lawn care, and bulk mailing), where they worked with others, involved them in peer pressure to conform to rules and regulations, whereas outside responsibilities (zoo, library, and country club) most often did not involve peer pressure. The project provided for a rotational status at about the three-month mark, enabling participants to have broader experiences and keeping them more closely attached to the program. Several residents commented about the work program in the evaluation experiences.

Practicum/internship site selection- A student in the baccalaureate program of the Department of Counseling, Educational Psychology, and Research in the College of Education at The University of Memphis was added to the Synergy project as an intern. The student has responsibility for working with one resident. Another student, a master's degree intern from the School of Social Work from The University of Tennessee, Memphis, began working on-site two days a week during this quarter. His duties included working with one resident on a one-to-one basis and conducting an Anger Management Group. The Synergy project has a qualified individual, the

clinical director, who can oversee the experiences of the students who enroll in either type of course.

Vocational assessment- During the fourth quarter the first person that the Tennessee Department of Human Services, Division of Rehabilitation Services positioned as an outbased counselor at the Synergy facility was replaced by another employee of the Division of Rehabilitation Services. This person has assessed each person retained in the Synergy program for health, vocational aptitude, and work interests. An interview was conducted with about her reactions to the project.

The counselor has been associated with Synergy for three months. Her most important contribution to Synergy has been her on-site availability to the synergy customers and the financial contributions. What has impressed her is the strict, "no nonsense" policies and the "well-rounded work experience available to the residents." Her opinion of the clients is that they are very determined and disciplined. She has found the atmosphere cordial and pleasant. She believes that she impacts the mission of Synergy by helping customers achieve special support services that enable them to maintain the program at Synergy. She stated that very little of her effort involves direct interaction with the clients: "Contact is made with the customer at application, plan, and during the job follow-up. On occasions customers contact me when they have issues that need special attention and /or support services. Also, sometimes after the customer exits the Synergy program I attempt contact to determine if other services would be of assistance to that person." Nearly all of Synergy's residents have qualified for vocational rehabilitation training, and Synergy has been paid to deliver 60 days of training, at which time the resident changes status and becomes an employee of Synergy.

The earlier counselor described getting the most personal satisfaction from being able to expedite funds for medical treatment of residents in great need. The most impressive aspect of Synergy was the change the counselor had been able to see in the residents after a month or more in the program. "They come in looking beat-up, and later they are holding their heads up," she stated. She also noted a change in the demeanor of the residents, who became more courteous after a short period of time.

Change in Program Length

During this year, the Synergy Foundation Board of Directors approved a change in the program length, shortening the time to one year from its original two-year intent. A second-year option was added. It has been reasoned that the one-year program would be more attractive to potential participants, more in line with their commitment to achieve sobriety, and a basis for adding various motivating opportunities to solidify gains achieved during the first year. One major influence was on the planning of career choices for the participants. They were forced to make choices about their futures in a shorter period of time, which led them to make suggestions about preparing themselves for the world of work and independence from the Synergy program. In particular, they were interested in preparing themselves financially for the time that they would exit.

Evaluation of the Program

The program was evaluated by both the participants and the staff members using one standardized instrument and four others that were adapted for use by the evaluator, who created some of them.

Evaluation by Participants

Four instruments were administered to participants during this quarter: the *Kropp-Verner Scale* for rating short-term activities; the Satisfaction *Quotient*, which measures the level of satisfaction of a participant toward a set of activities; the *How-Am-I-Doing ?Scale,* which measures personal progress related to activities undertaken in a program; and the *Q and D Evaluation*, which consists of one couplet of statements beginning with "I'm glad that..." and another couplet beginning with "I wish that...." Each instrument requires anonymity. Synergy staff members were asked to modify the instruments in keeping with the objectives of the project. One item on the Kropp-Verner was changed from "I hope we can have another one in the future" to "I look forward to having another one." A copy of each instrument is included in Appendix A.

The Kropp-Verner Scale

The *Kropp-Verner* administration provided opportunity for a person to rate an educational activity on 20 statements ranging from "It was one of the most rewarding experiences I have ever had" to "It was a complete waste of time." The first nine statements were positive, the tenth was neutral, and the next 10 were negative. The participant could check as few or as many of the items as desired. The administration was conducted in the group meetings and resulted in securing from every participant at least one evaluation of an activity. Except for the Men's Group and the Women's Group, all other groups were open for participation. Because clients participated in more than one group, several filled out more than one copy of the instrument.

Group sizes ranged from 13 to 35, and ranges of items checked were from 1-20. All of the highest frequencies were in the positive range. Results were calculated and shared with the group leaders in order to acquaint them with the feelings that the participants had about the overall effect of the separate meetings at the time of the administration. They were as follows:

Anger Management Group 1-- N=35, range: 1-20, most frequently checked items (n=32): "It provided the kind of experience that I can apply to my own situation,""It helped me personally," and "It solved some problems for me."

Anger Management Group 2-- N=25, range 1-20, most frequently checked items (n=21): "It had some merits" and "It was fair."

Cognitive Restructuring Group 1, N=29, Range 1-20, most frequently checked item (n=25): "I think it served its purpose."

Cognitive Restructuring Group 2, N=30, range:1-20, most frequently checked items (n=28): "I think it served its purpose" and "It had some merits."

Men's Group 1, N=13, range: 1-15, most frequently checked item (n=13): "It helped me personally."

Men's Group 2--N=29, range: 1-20, most frequently checked item (n=25): "I think it served its purpose."

Relapse Prevention Group 1--N=18, range 1-16, most frequently checked items (n=18): "It provided that kind of experience that I can apply to my own situation" and "It helped me personally."

Relapse Prevention Group 2--N=19, range 1-18, most frequently checked items (n=19): "It provided the kind of experience that I can apply to my own situation, " "It helped me personally," "I think it served its purpose," and " It had some merits."

Relapse Prevention Group 3--N=21, range 1-20, most frequently checked items: (n=20): "It helped me personally" and "It had some merits."

Self Esteem Group 1, N=31 Range: 1-20, most frequently checked item (n=30):"I think it served its purpose."

Self Esteem Group 2, N=29, range 1-20, most frequently checked item: (n=26): "It helped me personally."

Sexual Abuse Group--N=14, range: 1-9, most frequently checked item (n=14): "It helped me personally."

The Satisfaction Quotient

The *Satisfaction Quotient*, consisting of 15 items relating to tasks, group meetings, and activities undertaken while in the program, was administered to all participants. Each was asked to rank from 1- 10 (10 being the highest) their feelings about the specific items on the list, which included every phase of the program. Data were summed by item and reported by mean, and then a summative mean was established to ascertain the general level of satisfaction with the program. The total number responding to this instrument was 49, and the summative mean was 7.44.

Items ranked from highest to lowest on the instrument were the following: (1) outside working responsibilities, (2) complying with rules and regulations, (3) participating in group discussions, (4) interacting with other participants, (5) discussing /sharing ideas, (6) using handouts, (7) inside working responsibilities, (8) reading materials, (9) having guest speakers, (10) answering questions, (11) preparing for the group discussions, (12) seeing visual aids, (13) making oral reports, and (14) sharing reactions to the visual aids.

Table 1 lists the number responding, the mean, and the range for each item on this instrument. If a statement did not apply to the respondent , a line was left blank; therefore, the Ns are uneven. Comments were added as the respondents chose to do so. The results should be of help about how to conduct the program at Synergy.

The majority of the respondents did not comment about the program, but

Table 1

Mean and Range of Responses (Variable N) by Item on the *Satisfaction Quotient*

Item	N	Mean	Range
Reading materials	49	7.49	2-10
Working outside	46	8.33	3-10
Working inside	49	7.47	1-10
Seeing visual aids	42	7.21	1-10
Sharing reactions to the visual aids	42	5.95	1-10
Having guest speakers	46	7.43	2-10
Making oral reports	41	6.10	1-10
Answering questions	49	7.33	1-10
Interacting with other participants	48	7.86	1-10
Using handouts	43	7.49	1-10
Complying with rules and regulations	49	8.12	1-10
Discussion/sharing issues	48	7.75	2-10
Preparing for group discussions	48	7.23	1-10
Participating in group discussions	49	7.98	3-10

Summative mean: 7.44

comments by others included the following: a liking for the outside work, more diverse jobs for women, a desire for a larger selection of outside meetings-- there being the same three or four all of the time, psychodrama as a waste of time, people on status 3 having more free time in the evening, and all being required to give oral reports on different parts of the Big Book. Further, there should be more help--visual aids--films on drugs and alcohol, courses and sessions about relieving stress, punishment for rule breaking being more severe instead of a pat on the back, a little more time for study, more and different types of cultural events, and a lot more guest speakers. There was a desire to attend church on Sunday; some updated books and dictionaries were needed, as were a larger reading scope and more time for relaxation

and hobbies, including outside hobbies. Other ideas were that outside people were needed to share their strengths; some did not like clients writing up each other but approved counselors doing so; and more people should be allowed to share the Big Book during meetings-not hearing the same persons over and over, that men and women should be allowed to have conversations as long as it is on common ground, and thanking God for the program--appreciation for Synergy--an outstanding program.

How Am I Doing? Scale

The *How-Am-I-Doing?Scale* consisted of a list of tasks and activities that the participant was to perform while in the Synergy program. Each client was asked to rate on a 1-10 scale (10 being the highest) the estimate of participation in the tasks and activities of the program. Results were to remain anonymous and personal, not being shared with anyone unless the respondent chose to do so. The checklist could have been retained in the client's room as a reminder of the degree of involvement that the client estimated. This prohibited the measurement of group achievement, but its personalized nature was an attempt to build intrinsic values in the participants. It signified an amount of trust on the part of the Synergy staff: to improve participation if the level was lower than expected by the client.

Q and D Evaluation

The *Q and D Evaluation* consisted of four parts that each participant was asked to complete: "I am glad that you...," " I wish that you...," " I'm glad that I...," " and "I wish that I...." The results of the compilation of their statements follow.

I am glad that you...

Respondents were glad that there was a year-long, full treatment, recovery program, without which they would not know what they would be doing, that took them in and helped them in their recovery programs so that they could find a better way of life; and that there was someone to care about them to give them the help that they needed, and allowed them to come to a new way of life and to know themselves better, understanding their own behavior.

They stated that they were glad that staff members were patient with them, had taken the time and effort to work with them, were concerned about them, were tolerant, that they welcomed them, and were there to help them when they were in need. They were satisfied with the commitment of the staff to their good, citing specifically one person who meant a lot to them, from whom they learned a lot , whom they trusted, who knew what he was talking about, who helped them deal with personal issues, and who showed concerned about improving Synergy.

They appreciated having a day off from work and the opportunity to participate in outside activities such as the Comedy Zone, a baseball game, movies, and plays. They liked the classes that were offered , the AA program as well as Synergy, which h helped them a lot, especially the Moral Reconation Therapy classes, which were increased in number and thereby allowed participants to do their steps. They also appreciated the work program because it built self worth and was a training ground for better jobs.

I wish that you--

There was a desire on the respondents' part that they be trusted a little more, that the number of rules be reduced, and that the amount of participation in orientation be reduced (too much of which was considered to be a waste of time). There was a desire to be allowed to call family members after 30 days, to have family days, to consider more rest time, visitation privileges, later bedtime on Saturdays, and an evaluation by staff leading to residents going home for Thanksgiving and Christmas to be with their families. There was a desire to be enabled to attend church every Sunday or to have a way to get more spiritual nurturing, such as church. One expressed the belief that it would help 100% with recovery.

Several responses had to do with economic conditions. There was a desire to be allowed to keep all the money that was worked for, including letting them have money coming from tips. It was desired that the program would start a $! per day account for residents, the only way to receive this account being to finish the program, and that residents be allowed money for refreshments or events. There was the opinion that they should be allowed to work jobs and get paid after a year, or that they be allowed to go on an outside job at 9 months of residency so that those who planned to stay only a year would have money to start a new life. There was the hope

Synergy getting the tools needed to help them stay sober and drug free, that they had a chance at a new way of life, to learn how to be responsible, being able to see and recognize things as being better today than yesterday.

The most common response to being glad was for the opportunity to be in a place like Synergy, especially instead of going to jail, to be in a place where everyone was very nice, where they were learning a lot, especially how to deal with anger. Respondents stated that they were getting to know themselves and more about how to recover, by taking it one day at a time and bringing awareness up, and helping with the acceptance level, having opportunity to get their lives in order, to have another chance to live, to learn, and how to live life. They appreciated the opportunity to take the time to focus more on recovery instead of on outside issues such as bills and family. They said that they were beginning to find out who they really were, why they thought like they did, and what could be done about it.

One respondent cited that he had finally lost the desire to use drugs and alcohol and had begun to work on the real problem---himself. Another was glad to be a part of AA, Synergy, and recovery, to have the power of choice, to be responsible for personal actions and thoughts, to be able to understand a few things about self, to find out that being sober could be so fulfilling.

They were glad to have classes like MRT, anger management, cognitive restructuring, and self-esteem; that they were in Synergy at the time it was needed and still were able and ready to learn, to listen, to pay attention and do what was considered best for them without asking why; and that their thoughts were being noticed.

Some had religious experiences about the program, stating gladness about having become more aware of "myself and my capabilities," having come to believe and become willing to turn life over to the care of God as he understood him; another, that he stuck it out; and had God in his life, realizing that he needed help and that God made it possible for him to come to Synergy, to have found this program and that God allowed him to be placed in this program, in order to be at Synergy to build a spiritual foundation.

I wish that I--

Several respondents had the desire to remain at Synergy as a counselor to

that Synergy would look for more opportunities to expand businesses, though that might hinder the number of learning experiences participants were exposed to.

Concerning education, there was a desire that residents who had a high school diploma and were thinking about going to college in the future be allowed to take classes to refresh their memory. Synergy was urged to continue all of the classes but to extend them throughout the week instead of having all of them on Tuesdays. They expressed the opinion about not having as many Big Book classes and that it would be helpful to have guest speakers to speak about AA, CA, and NA topics; also, that for those who had as many as 6 months or so to go a class would be formed to replace orientation, and that groups without women be allowed to have them.

Respondents were ambivalent about staff members and their relationships with them: on the one hand they hoped that one could see how staff residents change when certain staff members are present, by some pretending that they loved the participants but as soon as certain staff members were not present being totally different, sending out different signs and messages; that they could help staff to see that they were powerless over others. Too, participants would stop letting people that are in treatment write complaints about the conduct of others. Also, someone should look more closely at the rumors that go about, and that as long as someone is not breaking rules, to look at whom and why this is being done. It was contended that there was a lot of envy and jealousy that caused people to stretch the truth or actually lie about situations. They urged that positive criticism be given to them.

On the other hand, they urged Synergy to continue to help others to learn how to live sober lives and be responsible, continue what was being done in this program, and continue reaching out to try to help others. It was a wish to have more staff and counselors to be able to work with the case load and do it more regularly and make more room for others that needed Synergy's help. There was a wish that Synergy would allow them to do more to help themselves as well as others, a chance to enjoy themselves besides working all of the time. There was the sense that the program was an effective model, a program that many would like to repeat elsewhere.

I am glad that I--

Many stated that they were glad to be alive, to be sober, that they were at

help others like themselves who are addicts and alcoholics who were tired of their old ways of life; to be able to share their experiences, strength, and hope with newcomers; to be a role model for others and be in a position to help children who are trying to get off of drugs; and to do more for Synergy by helping more and taking on more responsibility.

Some would want to start their own recovery programs. They would learn how to live sober one day at a time and grow as responsible human beings, remaining clean and sober, making decisions about what Synergy jobs were available, and doing the best, not just with what was given. Others wanted to make career decisions at Synergy and to be treated as adults.

Several wrote about economic matters, stating the desire to start a savings account earlier than a year in order to build a foundation to able to take care of self instead of possibly asking a family for help. One offered a suggestion about being given one eighth of the income made from working at Synergy and then, as time increased, increasing the pay scale. Another plan would be for the participant to get a job and pay Synergy one half of the salary for the opportunity to participate in recovery. Another would want to do more to improve the program to help secure the Synergy foundation, another to go to work at nine months to save up money for financial help upon leaving.

Several desired to be enabled to do such things as going to a movie on weekends and on dates; spending some time at home with family, having a day living with a child, living in a so-called normal lifestyle, being back in society with family, living a productive life, taking care of all of responsibilities, and being a father to one's children, even tuning to a gospel station on the radio, and having more free time to do the things that were healthy for recovery.They wanted to be trusted and to have time away occasionally.

Some would teach some of the skills that they acquired so that others might have a better chance when they leave, use some ideas to make Synergy more self supporting, could practice in society the things they learned before graduating so they could have an idea what was in store for them upon graduation, and could experience a change that would allow an enjoyment of life with God as the head of life and to have true happiness.

Many wished that they had come to the Synergy program much earlier, that they

had found out about it sooner, had been at Synergy when it first started, had found this place in the early part of their addiction so it could have been used to fight their disease. There was a desire to learn how to live sober one day at a time and to grow as responsible human beings for the rest of life.

Evaluation by Staff Members

Staff members responded to an instrument that stressed four items: "The things I most like about my job at Synergy are...," "The things I think I could improve on at Synergy in my job are ...," "The things I would like to see changed or improved at Synergy are...," and " Any additional comments."

Concerning the first item, the respondents stated that they liked most the involvement in group situations, the reason that Synergy was here, seeing actual change in a person because of long-term involvement, flexible work hours, a sense of autonomy, management, the valuing of input, the residents, the ability to initiate things, responsibility, feedback from management, the opportunity to interact with and help people, being able to be a problem solver, the variety of tasks in a given work day, and working with a clinical team that gives the opportunity to learn new information that enables one to better serve the residents.

In answer to the second item, the staffers stated that they would like the following: more cohesiveness among staff members, more participation in group sessions, better organizational skills, the ability to manage increasing responsibilities, having a better idea of what Synergy jobs require, giving residents more responsibility in their affairs, being more consistent in dealing with residents' requests, opportunity for time management, raising money, and more profitable-better places to work.

Things they would like to see changed or improved at Synergy included the following: relationships between the staff members, a more relaxed environment, after care and follow-up, covering of shifts when off, transition of residents into society after treatment, better and safer transportation, more and newer recovery material, more positive public relations for Synergy as an alternative for alcoholics and drug addicts, more avenues for income, better paying jobs for residents so they can move closer to being self-supporting, a more clearly defined organizational structure, more professionalism among the staff: hiring and supervision, and more communication among the staff.

Additional comments related to suggesting a revision of the Big Book in order to deal with the impact of crack on creating problems not imagined in the day it was written, remembering that the residents come first, being concerned about the weakness of the staff, the positive aspect of changing the program from being work-oriented to a therapeutic emphasis, using the status system instead of consequences--a plus, and indicating a positive satisfaction with the program and a place to work.

Changing the Organizational Structure

During the fourth quarter of 1995, the organizational structure of Synergy was changed to reflect the actual relationships and concomitant responsibilities assumed by the staff. Line and staff designations were initiated, linking staff members in areas of responsibilities, training, and experience. The reorganization did not downsize the number of project employees but permitted greater freedom in achieving results needed to authenticate Synergy's attempt to reach its goals and objectives. The reorganization also precipitates the movement into a period when Synergy is not supported by federal funds.

Achievement of the Objectives of the Project

Some of the goals listed in the project's proposal were achieved to a high degree; namely, (1) to eliminate drug usage and criminal activity during the period of rehabilitation, (2) to reduce a client's involvement in the criminal justice system, (3) to improve a client's personal and family relationships, (4) to educate clients in the hazards of substance abuse, including disease transmission, and provide motivation for taking appropriate precautions, (5) to provide clients good health habits, and (6) to facilitate appropriate interpersonal and relationship behavior options to reduce violent behavior.

Several findings bear on the objectives of the project:

(1) The 53 persisters equate to more than the number requested of the grantor set forth in a memo dated September 2, 1994 written by the then Clinical Program Director, who felt that Synergy could effectively use the monies given to provide

treatment and services to 50 CSAT-eligible clients.

(2) The project has admitted a large number of non-legal status participants, thus not achieving its goal of having a much larger percentage of clients committed to the program by various legal entities.

(3) During the past four quarters, the following groups met regularly and achieved personal and project goals: Anger Management, Big Book, Cognitive Restructuring, Men's, Moral Reconation Therapy, Open Discussion Orientation, Relapse Prevention, Self Esteem, Sexual Abuse, and Women's.

(4) To this date, no resident has been caught using any drugs or alcohol while at Synergy. This statement is verified by random drug screens that were performed monthly and by the observations of staff members. During this quarter, screenings had increased to at least four screenings each month.

(5) As the program produces graduates, that is, people who have confidence that they can function in society properly, personnel will have the opportunity to establish tracking their post-program activities and verify the effectiveness of the rehabilitation precepts and practices The difficulty with tracking former participants is related to the numbers of persons who left the program without completing it.

(6) Participant involvement in the development of vocational skills continues through the work crews established to sustain work habits that involve them in the legal economy and through the assessment of the on-site Vocationai Rehabilitation Counselor.

(7) The project involves the community in that it reaches out to health centers, social agencies, legal entities, and the local school system for program support, and serves the needs for labor for various tasks.

(8) The program is a blend of internal activities and external responsibilities that challenge the response of the participants to improve morally, socially,

educationally, and ethically.

(9) The program offers a myriad of opportunities for participants to change positively by becoming intrinsically motivated to cooperate in the achievement of personal goals that are acceptable to society's requirements for a peaceful, stressless environment characterized by normative behavior.

(10) The average number of days in the program for the persisters was significantly different from the average number of days in the program for the total group. Further, eight participants of the 53 achieved a longevity of one year in the program.

(11) Resident involvement in the evaluation of the project has proved to be invaluable because of the numerous comments about the quality of the program, the willingness to comment as a group about their concerns, and the generally widely-held acceptance of the program--its goals, objectives, management, personnel, and value to individuals. There seems to be a consensus that the program is functioning effectively, that personnel are caring and professional, and that the program is a challenge to the persons participating in it. Most participants would not trade it for another of lesser quality.

Conclusions

Through observation of the program, interviewing participants and personnel, administering qualitative instruments, and analyzing records, it can be concluded that the Synergy project is accomplishing its objectives to a high degree. The main thrust of the project continues to be the rehabilitation of persons addicted to an array of drugs through programs involving education, counseling, therapy, and work. This is where the greatest level of satisfaction occurs among the residents. Changes in personnel and the continuance of key persons in leadership positions have led to the accomplishment of the tasks at hand; that is, there continues to be a fine-tuning of the operational procedures, a repetition of successful program emphases, a high expectation for success, and a belief in the improvability of the participant. The ability

to modify the program to reach achievable and realistic goals has generated high morale among the staff. and has been noted by the participants. Synergy's personnel have continued to challenge participants to reform and reconstruct their lives so that they will become dependable, responsible, and contributing members of society.

APPENDIX A
INSTRUMENTS USED IN QUALITATIVE MEASUREMENTS

HOW-AM-I-DOING? SCALE

This scale is designed to be a checklist of activities,attitudes, and skills relating to your stay at Synergy. It is private and anonymous, for your use only, unless you want to share it with others. Please indicate on the line to the left of a statement how you think you are progressing by rating yourself from 1 to 10 (10 is highest) on the following statements:

_____1. Am I reading all of the materials I have been given?

_____2. Am I developing concepts about rehabilitation?

_____3. Am I contributing to the group discussions?

_____4. Am I gathering a body of factual knowledge about rehabilitation?

_____5. Am I relating the information I gain to my lifestyle?

_____6. Am I achieving the objectives of this experience?

_____7. Am I being responsible for my own rehabilitation?

_____8. Am I understanding and tolerant of the opinions of others?

_____9. Am I applying the content of this experience to other areas- moral, social, ethical-- of my life?

_____10. Am I feeling good about my overall progress in this program?

_____11. Am I becoming a different person emotionally?

_____12. Am I further developing the social skills I possess?

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SATISFACTION QUOTIENT

I am interested in knowing to what extent you enjoyed the various tasks that you have undertaken while at Synergy. Will you indicate this by writing in a number from 1 to 10 (ten is the highest) in the righthand column to the left of each item. If a statement does not apply, leave the line blank. No signature is necessary. Please add comments that you choose to make about any or all of the tasks. Thank you very much for participating in this evaluation. The results will help in decisions about how to conduct the program at Synergy.

_____Reading materials
_____Outside working responsibilities
_____Inside working responsibilities
_____Seeing visual aids
_____Sharing reactions to the visual aids
_____Having guest speakers
_____Making oral reports
_____Answering questions
_____Interacting with other participants
_____Using handouts
_____Complying with rules and regulations
_____Discussing/sharing issues
_____Preparing for the group discussions
_____Participating in group discussions

COMMENTS:

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THE KROPP-VERNER SCALE*

PLEASE FOLLOW DIRECTIONS CAREFULLY. READ ALL TWENTY OF THE FOLLOWING STATEMENTS. CHECK AS MANY STATEMENTS AS DESCRIBE YOUR REACTION TO THE GROUP MEETING. DO NOT ALTER THE STATEMENTS IN ANY WAY. THANK YOU.

1. _____It was one of the most rewarding experiences that I have ever had.
2. _____It was exactly what I wanted.
3. _____I look forward to having another one.
4. _____It provided the kind of experience that I can apply to my own situation.
5. _____It helped me personally.
6. _____It solved some problems for me.
7. _____I think it served its purpose.
8 ._____It had some merits.
9. _____It was fair.
10. _____It was neither very good nor very poor.
11 ._____I was mildly disappointed.
12 ._____It was not exactly what I needed.
13. _____It was too general.
14. _____I am not taking any new ideas away.
15. _____It didn't hold my interest.
16. _____It was much too superficial.
17. _____I leave dissatisfied.
18. _____It was very poorly planned.
19. _____I didn't learn a thing.
20. _____It was a complete waste of time.

*Developed by Dr. R. Kropp and Dr. C. Verner, Florida State University

Q AND D EVALUATION

For this evaluation document, make any statements that you want to under each of the topics. There is no need to sign the document. The results will be complied and posted in a central location to let all participants know what is being suggested by those who responded . The results will be used to improve the Synergy program.

I'M GLAD THAT YOU..

I WISH THAT YOU..

I AM GLAD THAT I..

I WISH THAT I...

MEMORANDUM

To: Synergy Staff

From: John Petry

Re: Evaluation of Synergy

Date: October 17, 1995

I would appreciate it if you would respond to the following statements so that I can get a better feel about your thinking about the programs at Synergy. I am particularly interested in how you would like to see things changed and those things that you like about the program. Statements should reflect your thoughts/ideas/feelings about your involvement for the year ending September 30, 1995.

The things I most like about my job at Synergy are...

The things I think I could improve on at Synergy in my job are...

The things I would like to see changed or improved at Synergy are...

Any additional comments:

Thank you. There is no need for you to sign this document.

Please leave it on the desk face down in Room 102.

INTAKE DATA FORM FOR SYNERGY RESIDENTS

Number_____

Gender_____Race_____

Birthday: Year_____Month_____Date_____

Marital Status_____Number of Dependents_____

Military Service (in months)_____

Legislative Status_____

Intake: Year_____ Month_____ Date_____

Education Level (in years)_____

Program Status_____

Work Status_____

Suicide Attempt?_____

Cocaine Use?_____

Alcohol Use?_____

Cannabis Use?_____

Opiods Use?_____

Other Drug Use?_____

MRT (specify the quarter achieved ,1-10)_____

Exit: Year_____ Month_____ Date_____Status_____